U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
anc Budget
No. 1 215-0188
Expire: 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or -40.



1. File Number U - 333

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	Name, file number, and address of labor organization.
Name VALENTINA FURMAN	Name NEW YORK'S HEALTH&HUMAN SERVICE UNION 1199SEIU
· · · · · ·	Labor Organization File Number 03 1-847
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2711 AVENUE X	Street 310 W. 43RD ST.
City BROOKLYN	City NEW YORK
State New York ZIP Code + 4 11235	State New York ZIP Code + 4 1 036
5. Position in labor organization. ORGANIZER	### 1880 - 3000 - 980 - 2000 - 200 - 3000 -
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following inter sts usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	English and the compagness of the first state of the stat
Street	7.b. Amount,
City	
State ZIP Code + 4	
Sign	nature
undersigned's knowledge and belief, true, correct, and complete. (See the se	ying documents), has been examined by the signatory and is, to the lest of the
Signed Valentina Firman	On 07/12/2005 212-261-2232
	Date Telephone Numbe
Form LM-30 (2003)	Page 1 of 2

Name of Person Filing VALENTINA FURMAN	File Number U- 3330	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name 1199 NATIONAL BENEFIT FUND*	3.4	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	C. Employer	
Street 330 W. 42ND STREET	kanat G.	
City NEW YORK		
State New York ZIP Code + 4 10036		
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	Continues (180);
Name :	PROVIDING VARIOUS HEALTH AND WELFARE BENEFI' EMPLOYEES COVERED BY 1199'S COLLECTIVE BARGAGREEMENTS	
P.O. Box, Bldg., Room No., if any	*THE NATIONAL BENEFIT FUND IS THE PAYING AG TRUSTEE CONFERENCES AND MEETINGS FOR SEVERA	
wasteners transfer tr		***************************************
Street	11.b. Approximate dollar value of such dealing.	
Cit.		
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	12.a. Nature of interest held or income received. AS A TRUSTEE OF THE 1199SEIU HOME CARE EMPL. PENSION FUND I ATTENDED A CONFERENCE FOR WH. RECEIVED TRAVEL, LODGING, MEALS AND OTHER CONFERENCE-RELATED EXPENSES.	YEES
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State ZIP Code + 4 C. Received from any employer (other than an employer covered under	AS A TRUSTEE OF THE 1199SEIU HOME CARE EMPLIPENSION FUND I ATTENDED A CONFERENCE FOR WHIRECEIVED TRAVEL, LODGING, MEALS AND OTHER CONFERENCE-RELATED EXPENSES. 12.b. Amount.	S2,394
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	AS A TRUSTEE OF THE 1199SEIU HOME CARE EMPL PENSION FUND I ATTENDED A CONFERENCE FOR WH RECEIVED TRAVEL, LODGING, MEALS AND OTHER CONFERENCE-RELATED EXPENSES. 12.b. Amount.	OYEES CH I
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